

ruption causes a disturbance of the equilibrium, with retention of sensibility.

#### A CASE OF SEMI-LATERAL FACIAL ATROPHY.

L. Blumenau (*Wjestnik psichiatrii i nevropatologii*, 1889, vii., 1). A factory operative, fifty years of age, presented distinct atrophy of the right lower half of the face; the cheek was here fallen in, the skin wrinkled, the lower lip thin, and the nostril narrower than on the opposite side. The atrophy also extended to the right half of the tongue, the soft palate, and the maxillary bone. His moustache only grew upon the left side; the right side of the upper lip was completely hairless. The frontal region of the face was not affected. The sensibility of the skin, electric excitability, and peripheric temperature were normal on both sides of the face.

The development of the morbid process began in his sixteenth year; the patient observed then a whitish spot upon the upper lip. In his course of five years the atrophy reached its present extent, and since then has remained without change. No circumstance could be found in his history to which one might attribute aetiological importance.

#### COMPRESSION OF THE SPINAL CORD IN CONSEQUENCE OF FRACTURE OF THE SECOND DORSAL VERTEBRA.

J. Anfimov (*Wjestnik psichiatrii i nevropatologii*, 1889, ii.). A man, thirty-four years of age, and up to that time in good health, employed upon a street-railroad, July 28, 1888, was run over by a droschky, by which he got a violent blow between the shoulders; he fell prostrate and was thrown to one side. He did not lose consciousness and was able to raise himself and walk home, about fifteen kilom. away, where, about two to three hours afterward, sudden and complete paralysis of the lower extremities made its appearance. He was brought at once into the surgical clinic, where, besides complete paraplegia, inferior, paralysis of the bladder and rectum was diagnosed. Loss of sensibility over the entire body below the second rib was also remarked; temperature 37° C., pulse 48 in 1'; painfulness to pressure of the cervical vertebrae. The next day an attack of asphyxia appeared, which was removed by artificial respiration and injection of ammonia; in the days following, phenomena of fever and decubitus. September 13th he was received into Prof. Mierzejewski's clinic in the following condition:

Complete loss of cutaneous sensibility and of the muscular sense over the entire body below the second rib and the upper dorsal vertebrae; complete flaccid paraplegia inferior; paralysis vesicae et recti; complete absence of the tendon and skin reflexes of the lower extremities and trunk; loss of the mechanical muscle; excitability and great reduction of the electric; paralysis of the intercostal muscles and difficult respiration, chiefly affecting the diaphragm and the cervical muscles; the movements of the head, upper extremities, and further the consciousness and speech undisturbed; extensive decubitus in several spots, with gradual aggravation of the general condition and increase of the dyspnoea. Death occurred September 18th. Two days before, somnolence had added itself, together with acceleration of the pulse and high temperature, to the list of symptoms.

Post-mortem examination revealed an oblique fracture of the second dorsal vertebra, with splintering of the bone, dislocation of the cartilage, and haemorrhage in its surroundings. Corresponding to this place, there was found on the spinal cord, at the place between the cervical and the dorsal portions, a focus of softening, about one inch in length, in the whole breadth of the substance of the spinal cord. The softened place was reddish colored; the dura mater in the neighborhood of the fractured vertebrae was thickened, hyperaemic, and adherent to a splinter of bone, which had been broken off. Below the softened place the appearance of the cord was normal. Microscopic investigation of the same revealed ascending and descending degeneration; otherwise the tissue of the cord, even in distant regions—as, for example, from the lumbar enlargement—seemed dull, yet without distinct pathological changes.

In considering the case, the writer calls attention to the difficulty of explaining the absence of the tendon-skin reflexes in compression of the cord.

A similar case was published, a short time ago, by Leyden and Jürgens (*Berliner klin. Wochenschr.*, 1888, Nos. 22 and 24). In this case they would ascribe the absence to the trauma being so violent as to cause an irritation of the cord and subsequent inhibition of the reflexes.

P. & P.

#### ERB'S PARALYSIS.

The "*Lancet*" (March 1, 1890) records two cases that were exhibited before the Medical Society of London. The first was a man, thirty-one years old, who fell down-stairs, after drinking too much, and struck the point of the shoul-